

1. CIR./DIST./DIV. CODE GUX	2. PERSON REPRESENTED CANOVAS, PHILLIP J.			VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 1:05-000053-005			5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name) U.S. v. CANOVAS	8. PAYMENT CATEGORY Felony			9. TYPE PERSON REPRESENTED Adult Defendant			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense 1) 21 846=CD.F -- CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE							
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Tydingco, Philip J. Alternate Public Defender Suite 902, Pacific News Bldg 238 AFC Flores Street Hagatna GU 96910 Telephone Number: (671) 475-3234			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney Prior Attorney's Name: _____ Appointment Date: _____ <input checked="" type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to obtain personal legal counsel and (2) does not wish to waive counsel, and because the interests of justice require that the attorney whose name appears in Item 12 be appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) Leilani R. Toves Hernandez 01/12/2006 <small>Leilani R. Toves Hernandez, Esq. By Order of the Court</small> 01/03/2006 Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO				
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)							
CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	a. Arraignment and/or Plea						
	b. Bail and Detention Hearings						
	c. Motion Hearings						
	d. Trial						
	e. Sentencing Hearings						
	f. Revocation Hearings						
	g. Appeals Court						
	h. Other (Specify on additional sheets)						
(Rate per hour = \$ 92.00)			TOTALS:				
Out of Court	a. Interviews and Conferences						
	b. Obtaining and reviewing records						
	c. Legal research and brief writing						
	d. Travel time						
	e. Investigative and Other work (Specify on additional sheets)						
(Rate per hour = \$ 92.00)			TOTALS:				
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)						
18.	Other Expenses (other than expert, transcripts, etc.)						
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION			21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number Have you previously applied to the court for compensation and/or reimbursement for this case? _____ Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.			<input type="checkbox"/> Supplemental Payment <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Signature of Attorney: _____ Date: _____							
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES		26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT		
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				DATE	28a. JUDGE / MAG. JUDGE CODE		
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES		32. OTHER EXPENSES	33. TOTAL AMT. APPROVED		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.				DATE	34a. JUDGE CODE		